TB eradication

1254. SHRIMATI S.G INDIRA: Will the Minister of HEALTHAND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that every five Indians are infected with the T.B. bacillus;

(b) whether it is also a fact that 10 per cent of the above develop TB disease during their life time;

(c) whether it is also a fact that every year almost 1.8 million new cases occur in the country of which half are infections; and

(d) if so, the steps being taken by Government to eradicate T.B.?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTHAND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the estimates, nearly 40% of the population is infected with T.B. bacillus.

(b) Yes Sir. Of the infected, only 10% breakdown to active disease in their life time.

(c) Yes Sir.

(d) To control TB, with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, was implemented in the country in a phased manner from 1997 and the entire country had been covered by March.2006. Under RNTCP diagnosis by sputum microscopy in stead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Till date, the RNTCP has placed more than 67.00 lakh patients on DOTS treatment, averting more than 12.00 lakh deaths. Every month more than 1.0 lakh patients are placed on DOTS. In 2005 alone, India placed more than 12.93 lakhs cases on DOTS, more

than any country in a single year in the world. Overall performance of RNTCP has been excellent with cure/treatment completion rate consistently above 85% and death rate reduced to less than 5%. To increase accessibility of the masses to the facilities provided under the Programme, special emphasis is laid on the IEC activities, involvement of NGOs, private sector and medical colleges in the revised strategy.

New Study on the World Bank Report on Maternal Mortality

1255. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the recently released World Bank Study, 'Country Strategy for India' has raised doubts about the reliability of Maternal Mortality Rates (MMR) arrived at by the Department of Family Welfare, Government of India;

(b) if so, whether the Department has since initiated a new study and survey by experts to re-assess the extent of maternal mortality in the country; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The World Bank Country Assistance Strategy (CAS) document of 2004 states that based on the existing data, the Meternal Mortality Rate (MMR) has worsened. However, the document, which is two and half years old, admits that there are problems with the data in some of the largest States raising question regarding MMR estimate at the national level. The report was based on the data available at that point of time when the country assistance strategy document was being prepared by the World Bank. Maternal Mortality Ratio is estimated by the Office of the Registrar General of India.

Recently the Registrar General of India has released fresh estimates based on more robust methodology. According to this the Maternal Mortality Ratio (MMR) has declined from 407 (SRS: 1998) to 301 (SRS: 2001-03) per 100,000 live births.